

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT Code 99070-ST.
- b. The request was received on August 20, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on September 17, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on September 18, 2002. The response from the insurance carrier was received in the Division on October 3, 2002. Based on 133.307 (i) the insurance carrier's response is untimely.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the Table of Dispute Services Rationale that... "The sterile supplies used were necessary in performing the Intradiscal Electiothermal Therapy (IDet). We have provided supply sheets to the carrier and continue to be denied additional reimbursement. We are disputing the amount paid as not being fair or reasonable."
2. Respondent: The respondent states in the correspondence submitted October 3, 2002 that ... "...Carrier has previously responded to this dispute on October 2, 2002. As a supplement to the original response, Carrier now understand the amount in dispute is an original billing of \$2,240.81 for supplies on 1/24/02. Attached as Exhibit A are EOBs of 2/22/02, 5/28/02 and 8/21/02 indicating the reduction was per the 1996 Fee Guidelines. However, reconsideration was recommended if Requestor would provide at least the invoice for the major item (Intradiscal Catheter) for which \$1,000 was charged. Absent that, Requestor has not established what the fair and reasonable price would be, assuming the current Fee Guideline was not otherwise applicable..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is January 24, 2002.
2. Respondent submitted an EOB dated August 21, 2002 which denial the disputed issue as "*N, 253." "N" indicates the disputed issue was not documented; and "253" indicates that in order to review the charge a copy of the invoice would be needed.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/24/02	99070-ST	\$2,240.81	\$50.00	F, N, 253	DOP	MFG, General Instructions (III)(A) Rule 133.1(a)(8) Rule 413.011(d) CPT Descriptor	Requestor did not submit documentation, i.e., redacted EOBs, supporting items billed were billed at their usual and customary for same or similar services. Therefore, reimbursement is not recommended.
Totals		\$2,240.81	\$50.00				The Requestor is not entitled to reimbursement.

MDR: M4-02-5038-01

The above Findings and Decision are hereby issued this 6th day of February 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf